EXHIBIT B

Caso 06 10725-gwz Doc 8703-2	Entered 07/24/11 1	4·17·28 Page 2 of 11
UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PROOF OF CLA	YOUR CLAIM IS SCHEDULED AS:
Name of Debtor:	Case Number:	Schedule/Claim ID s31739
USA Commercial Mortgage Company	06-10725-LBR	Amount/Classification
	00 10/25 EBH	\$12,951.80 Unsecured
NOTE: See Reverse for List of Debtors and Case Numbers. This form should not be used to make a claim for an administrative exparising after the commencement of the case. A "request" for payment administrative expense may be filed pursuant to 11 U.S.C. § 503.	of an aware that anyone else h	as ting
Name of Creditor and Address:	to your claim. Attach copstatement giving particulate of the control of the contr	scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein, and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below. If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed. If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.
Last four digits of account or other number by which creditor identifies of	dehtor:	THIS SPACE IS FOR COURT USE ONLY
ID 1796	Check here	replaces Or a previously filed claim dated: amends
1. BASIS FOR CLAIM	Retiree benefits as defined in 1	
Goods sold Personal injury/wrongful death Services performed Taxes Money loaned Other (describe briefly)	Wages, salaries, and compensa Last four digits of your SS #: Unpaid compensation for service	ation (fill out below) Other claims against service (not for loan balances)
	onpaid compensation for service	
2. DATE DEBT WAS INCURRED:	3. IF COURT JUDGMENT, DA	ATE OBTAINED:
 CLASSIFICATION OF CLAIM. Check the appropriate box or boxes that be See reverse side for important explanations. 	est describe your claim and state the	amount of the claim at the time case filed.
UNSECURED NONPRIORITY CLAIM \$ Check this box if: a) there is no collateral or lien securing your claim, or b) yo exceeds the value of the property securing it, or if c) none or only part of your entitled to priority. UNSECURED PRIORITY CLAIM Check this box if you have an unsecured claim, all or part of which is entitled to priority. Amount entitled to priority \$ Specify the priority of the claim: Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) Wages, salaries, or commissions (up to \$10,000)*, earned within 180 days before filling of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).	a right of seto Brief descripti Real Estate Value of Collar Amount of arreara secured claim, if a Up to \$2,225* of deposits services for personal, fand Taxes or penalties owed Other - Specify applicable * Amounts are subject to with respect to cases con 147, 243 (secured) principal amount of the claim. Attainted and deducted for the purpose ments, such as promissory notes or perfective of perfective services and evidence of perfective services.	ix if your claim is secured by collateral (including off). Ion of collateral: Ite
DATE-STAMPED COPY: To receive an acknowledgment of the proof of claim. The original of this completed proof of claim form must be sent.	filing of your claim, enclose a sta	amped, self-addressed envelope and copy of this
ACCEPTED) so that it is actually received on or before 5:00 pm, for each person or entity (including individuals, partnerships, congovernmental units). By MAIL TO: BMC Group Attn: USACM Claims Docketing Center P. O. Box 911 El Segundo, CA 90245-0911 DATE SIGN and print the name and title, if any, of the congound in the case of the ca	prevailing Pacific time, on Noverporations, joint ventures, trustry HAND OR OVERNIGHT DELIVER MC Group ttn: USACM Claims Docketing C 330 East Franklin Avenue Segundo, CA 90245	vember 13, 2006 sts and Y TO: Venter
11-9-04 this claim (attach copy of power of attorney	r, if any): Jay E. Henman Ke	Phrement Plan 1072501212
Penalty for presenting fraudulers claim is a fine of up to \$500,000 or imprisonment to	or up to 5 years, or both. 18 U.S.C. §	§ 152 AND 3571

FORM B10 (Official Form 10) (10/05)

United Stalls Bankruptcy Court	District of Nevada	PROOF OF CLAIM		
Name of Dubtor USA Commercial Mortgage Company	Case Number 06-10725-LBR	TROOF OF CLARW		
NOTH This form should not be used to make a claim for an administrative expense ma		1		
Name of Creditor (The person or other entity to whom the dubtor owes money or property) Jillian Campbell and Patsy Rieer, as Joint Tenants w/ Right of Survivorship	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.			
Name and address where notices should be sent Jillian Campbell 2024 Douglas Road Stockton, CA 95207	Check box if you have never received any notices from the bankruptcy court in this case Check box if the address differs from the			
Telephone number (209) 473-4302 Last four digits of account or other number by which creditor	address on the envelope sent to you by the court. Check here replaces	THIS SPACE IS FOR COURT USE ONLY		
identifies debtor	if this claim amends a previously filed	i claim dated		
1 Basis for Claim Goods sold Services performed ✓ Money loaned Personal injury/wrongful death	Retiree benefits as defined in 1 Wages salaries and compensat Last four digits of your SS # Unpaid compensation for serving from	on (fill out below)		
Taxes Other (See Exhibit "A")	(date)	(date)		
2 Date debt was incurred August 2003	3. If court judgment, date obtained			
4 Classification of Claim Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations Unsecured Nonpriority Claim \$ 39,296 06 Check this box if a) there is no collateral or lien securing your claim as exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority Unsecured Priority Claim Check this box if you have an unsecured claim all or part of which is entitled to priority Amount entitled to priority Specify the priority of the claim Domestic support obligations under 11 U S C \$ 507(a)(1)(A) or (a)(1)(B) Wages salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankrupicy petition or cessation of the debtor's business whichever is earlier - 11 U S C \$ 507(a)(4) Contributions to an employee benefit plan - 11 U S C \$ 507(a)(5) Total Amount of Claim at Time Case Filed Check this box if your claim at the time case filed contributions to the principal amount of the claim at the time case filed secured claim. Check this box if your claim is secured by collateral (including a right of setoff) Brief Description of Collateral Value of Collateral Value of Collateral Up to \$2,225* of deposits toward purchase lease or rental of property or services for personal family or household use - 11 U S C \$ 507(a)(8) Taxes or penalties owed to governmental units - 11 U S C \$ 507(a)(8) Other - Specify applicable paragraph of 11 U S C \$ 507(a)(3) **Amounts are subject to adjustment on 41/107 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment with respect to additional charges in addition to the principal amount of the claim Attach itemized statement of all				
The state of the s		itemized statement of all		
6 Credits The amount of all payments on this claim has been making this proof of claim	credited and deducted for the purpose of	HIS SPACE IS FOR COURT USE ONLY		
7 Supporting Documents Attach copies of supporting docume orders invoices itemized statements of running accounts contract agreements and evidence of perfection of lien DO NOT SENI documents are not available explain if the documents are volum 8 Date-Stamped Copy To receive an acknowledgment of the file addressed experience and account of the file account	ts court judgments, mortgages security ORIGINAL DOCUMENTS If the Inous, attach a summary	FILED JAN 1 2 200		
addressed envelope and copy of this proof of claim Date Sign and print the name and title, if any of the	creditor or other person authorized to			
1/08/07 file this claim (attent copy of power of attent Jillian Campbell in Campbell	Patsy Rieger Lugur	USA CMC		

TOTAL DIG (Chickers office 10) (10/05)			
UNITED STAFFS BANKRUPTCY COURT	Dı	STRICT OF	PROOF OF CLAIM
Name of Debtor	Case	Number	PROOF OF CLAIM
USA COMHERCIAL MTG GO		K-S-06-10725-4	RD
NOTI: This form should not be used to make a claim for an admini			COLIVEII ANII EILED
of the case. A request for payment of an administrative expense ma			
	·		200 AUG 14 P 2 26
Name of Creditor (The person or other entity to whom the		eck box if you are aware that anyone that anyone that filed a proof of claim relating to	
debtor owes money or property) JOAN B. GASSIOT 1987	you	r claim Attach copy of statement	. 1
TRUST DATED 8/7/87	giv		S BANKRUPTCY COURT FATRICIA GRAY CLERK
Name and address where notices should be sent		ck box if you have never received a	ny
JOAN B. GASSIOT	not	ices from the bankruptcy court in the	is į
4050 BITTER CREEK CT	1	ck box if the address differs from the	. 1
RENO, NV 89509-0609	1	ress on the envelope sent to you by	THIS SPACE IS FOR COURT USE ONLY
Telephone number '775-826-8280		court.	
Last four digits of account or other number by which creditor identifies debtor (HENT ID 5487)		ck here replaces us claim replaces a previously	filed claim, dated
1 Basis for Claim		Retiree benefits as defined i	
Goods sold Services performed		☐ Wages salaries and compe Last four digits of your SS:	
Services performed Money loaned		Unpaid compensation for se	
Personal injury/wrongful death		•	•
☐ Taxes		from(date)	_ to(date)
Other —		· · · · · · · · · · · · · · · · · · ·	
2. Date debt was incurred	3.	If court judgment, date obtain	ed
5/3/04 6/20/05 10/24/05			
4 Classification of Claim. Check the appropriate box or boxes the	at best des	cribe your claim and state the amou	nt of the claim at the time case filed
See reverse side for important explanations Unsecured Nonpriority Claim \$		Secured Claim	
		Check this box if your clair	n is secured by collateral (including
Check this box if a) there is no collateral or lien securing your b) your claim exceeds the value of the property securing it, or if c) if only part of your claim is entitled to priority	r claim, or none or	a right of setoff)	
only part of your claim is entitled to priority		Brief Description of Collate	eral
Unsecured Priority Claim		Real Estate 🗆 Moto	
Check this box if you have an unsecured claim all or part of w	hich is	Value of Collateral \$	150,000 Over
entitled to priority	711.017 13	Amount of arrearage and other ch	parges at time case filed included in
Amount entitled to priority \$		secured claim, if any \$	
Specify the priority of the claim	П	Up to \$2.225* of deposits toward r	ourchase lease or rental of property
		or services for personal family or	household use - 11 U S C
Domestic support obligations under 11 USC § 507(a)(1)(A) of (a)(1)(B)	r	§ 507(a)(7)	
		Taxes or penalties owed to government	nental units - 11 USC § 507(a)(8)
☐ Wages, salaries, or commissions (up to \$10,000),* earned within days before filing of the bankruptcy petition or cessation of the debto business, whichever is earlier - 11 USC § 507(a)(4)	1 180 □	Other - Specify applicable paragrap	oh of 11 USC § 507(a)()
		nounts are subject to adjustment on	
☐ Contributions to an employee benefit plan - 11 USC § 507(a))(5)	with respect to cases commenced or	n or after the date of adjustment
5 Total Amount of Claim at Time Case Filed	S.	152000	t - 152,000 ±
☐ Check this box if claim includes interest or other charges in add	ition to the	(unsecured) (secured)	(priority) (Total)
interest or additional charges.		principal autount of the claim. Att	ach remized statement of all
6. Credits The amount of all payments on this claim has been	credited a	nd deducted for the purpose of	THIS SPACE IS FOR COURT USE ONLY
making this proof of claim			THE RESERVE OF THE PARTY OF THE
7 Supporting Documents Attach copies of supporting docume	ents, such a	s promissory notes, purchase	
orders invoices itemized statements of running accounts contract	cts, court i	udgments, mortgages, security	
agreements and evidence of perfection of lien DO NOT SENI	D ORIGIN	IAL DOCUMENTS If the	
documents are not available explain. If the documents are volum			
 Date-Stamped Copy To receive an acknowledgment of the filing addressed envelope and copy of this proof of claim 	ing of you	r claim enclose a stamped, self-	
Date / Sign and print the name and title if any, of the	e credito-	or other nerves outher	
Flethis claim (attach copy of power of attorn	ne creditor	or onier hersou sintuoli <i>se</i> a (o	
ALEX COLOR	SIST	- ATTNY IN	LICA CALO
FACT FOR JOHN	J.R.	GAGGIAT	USA CMC
Penalty for presenting fraudulent claim. Fine of up to \$500 000 or i		ent for up to 5 years or both 1811	1072500154

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DISCRICEOF NEVADA:	PRO	OF OF CLAIM		
1744.	o 6	nber - 10725-LBR		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expens arising after the commencement of the case. A "request" for payment of a administrative expense may be filed pursuant to 11 U.S.C. § 503		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of		
Name of Creditor and Address John J. Magnire + Diane M. Magnire Trugtees of the John J. Magnire + Diane M. Magnire Living Trust, 8 k 5590 Santalazzo Ct Las Vegas NV 8941-3913	4/ot	ctatament mains particulars	SECURID INTER ONE OF THE DEA If you have aire Bankruptcy Court (ady filed a proof of claim with the or BMC you do not need to file again
Creditor Telephone Number () Last four digits of account or other number by which creditor identifies debt				E IS FOR COURT USE ONLY
Cast four digits of account of other number by which cleditor identifies debi	ior .	Check here replace of this claim amen	a previously	filed claim dated 10/23/200
	etiree b	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal
	/ages, s	alanes and compensation (fill out below)	Other claims against service
Washington of Washington		digits of your SS #		(not for loan balances)
Money loaned M Other (describe briefly) Set Exhibit A	npaid co	ompensation for services per	rformed from	to
2 DATE DEBT WAS INCURRED 4/14/20-05	3 IF CC	OURT JUDGMENT, DATE O	BTAINED	1/A
4. CLASSIFICATION OF CLAIM Check the appropriate box or boxes that bee	st descrit	pe your claim and state the amou	unt of the claim at th	ie time case filed
See reverse side for important explanations UNSECURED NONPRIORITY CLAIM \$ 101250.19		SECURED CLAIM		
Check this box if a) there is no collateral or lien securing your claim or b) your exceeds the value of the property securing it, or if c) none or only part of your c		Check this box if you a right of setoff)	our claim is secure	ed by collateral (including
entitled to priority	HC#11 13	Brief description of	collateral	
UNSECURED PRIORITY CLAIM		Real Estate	Motor Vehicle	Other
Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Collateral	s HxK,	rown
Amount entitled to priority \$ Specify the priority of the claim		Amount of arrearage ar secured claim if any	nd other charges	at time case filed included in
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225° of deposits towards	 	<u> </u>
Wages salaries or commissions (up to \$10 000)* earned within 180 days		services for personal, family o		
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)		Taxes or penalties owed to go		
Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5)	L	Other Specify applicable para		
		* Amounts are subject to adjus with respect to cases commen		date of adjustment
AT TIME CASE FILED		50.19 \$		\$ 101250.19
(unsecured) Check this box if claim includes interest or other charges in addition to the pr	•	ecured) amount of the claim Attach iter	(priority) mized statement of	(Total) all interest or additional charges
6 CREDITS The amount of all payments on this claim has been credited 7 SUPPORTING DOCUMENTS Attach copies of supporting documents running accounts contracts, court judgments mortgages security agree DOCUMENTS If the documents are not available explain. If the documents are not available explain. If the documents are not available explain.	ents, suc coments uments :	ch as promissory notes purc s and evidence of perfection are voluminous attach a sur	chase orders invo of lien DO NOT nmary	oces itemized statements of SEND ORIGINAL
proof of claim		·		correctore and copy of this
The original or this completed proof or claim form must be sent by LET RED TO LET RELATE BE BOUT TERMINE BOUT OF BOTH C. each detection of entity (including individuals partnerships comp	e-នា ក្រ	greame - Fire -	20 -	THIS SPACE FOR COURT USE ONLY
ST MAIL TO BY	HAND C		1	
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DATE SIGN and attitute the many of it day of the fire the	agen or	£ \$£# \$#\$43° /	——— <u>İ</u>	
1/8/07 this chan (attach copy of power of attorney	if paly)		j	
La Company of the Com	1/ 10	1 1 9 9 7 9		USA CMC

Name of Debtor: USA Commercial Mortgage Company Obs. 10725-LBR Case Number: Obs. 10725-LBR	Case 06-10725-00/25 IDoc 870)3-227 5 1	ntered: 10.71/24/11.16./64*	17⊳2&	
USA Commercial Mortgage Company O6-10725-LBR S5,503.59 Unsecured S5,503.59 Unsecured NOTE: See Reverse for List of Debtors and Case Numbers. This form should not be used to make a claim for an administrative expense range for the case. A request for payment of an administrative segment may be find personnel in U.S.C. § 505. Name of Creditor and Address and the second secon	Odsc 00-19723-101 Old				S:
USA Commercial Mortgage Company O6-10725-LBR NOTE: See Reverse for List of Debtors and Case Numbers. This form should not be used to make a claim for an actimistrative expense and the properties of the proper	Name of Debtor:	Case Nu	ımber:	Schedule/Claim ID s31784	
This form should not be used to make a claim for an administrative expense arising after the cases. A "required for payment of a minimistrative appears any be filed pursuant to 11 U.S.C. § 503. Name of Creditor and Address:		06-107	725-LBR		
Creditor Telephone Number S	This form should not be used to make a claim for an administrative earling after the commencement of the case. A "request" for payme administrative expense may be filed pursuant to 11 U.S.C. § 503. Name of Creditor and Address: JOHN L WADE TRUST DATED 5/8/01 C/O JOHN L WADE TRUSTEE 881 LAKE COUNTRY DR	nt of an	aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. Check box if this address differs from the address on the	scheduled by the Debtor or pursuant to a filed claim. you agree with the amounts set forth herein, and have other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below. If the amounts shown above are listed as Conting Unilquidated or Disputed, a proof of claim must bifiled. If you have already filed a proof of claim with the	if re no e pent, re
Last four digits of account or other number by which creditor identifies debtor: 1. BASIS FOR CLAIM Goods sold Personal injury/errongful death Ratiree benefits as defined in 11 U.S.C. § 11114(a) August a state of the claim August a st	Craditor Telephone Number (775 - 371 - 3750				
BASIS FOR CLAIM		s debtor:			
Goods sold Personal injury/wrongful death Wages, salaries, and compensation (iii) out before the property of the claims against service was earlier of the claim at the time case filed. Services performed from: Quitable Claims (date) (date) (date) Chack this box if a there is no collater of it in security your claim are seeded the value of the property securing it, or if c) none or orly part of your claim seceeds the value of the property securing it, or if c) none or orly part of your claim is exceeded by available the priority. UNSECURED PRIORITY CLAIM Check this box if you have an unsecured claim, all or part of which is entitled to priority. UNSECURED PRIORITY CLAIM Check this box if you have an unsecured claim, all or part of which is entitled to priority. Unsecured claim, all or part of which is entitled to priority. Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) Wages, salaries, or commissions (up to \$10,000)*, semand within 180 days before filing option or claims in the dectors business, whichever is earlier: 11 U.S.C. § 507(a)(1). Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). This contributions to an employee benefit plan - 11 U.S.C. § 507(a)(6). Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Altach itemized statement of all interest or additional charges. 5. CTAL AMOUNT OF CLAIM Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Altach itemized statement of all interest or additional charges. 6. CREDITS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. The original			it the selection of	a previously filed claim dated:	_
Goods sold Personal injury/wrongful death Services performed Traxes Services performed Traxes Control for services performed Traxes Control for services performed Traxes Unpaid compensation for services performed from: 2. DATE DEBT WAS INCURRED: 4 5 5		Retiree b	penefits as defined in 11 U.S.	.C. § 1114(a) Inremitted principal	
Check this box if you have an unsecured claim, all or part of which is sentitled to priority Specify the priority of the claims, whichever is earlier - 11 U.S.C. § 507(a)(f).	Goods sold Personal injury/wrongful death	□ Wages,	salaries, and compensation ((fill out below) Other claims against ser	rvice
2. DATE DEBT WAS INCURRED: \$\frac{18-05}{18-05}\$ \] 3. IF COURT JUDGMENT, DATE OBTAINED: (date) (date) 4. CLASSIFICATION OF CLAIM. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filled. See reverse side for important explanations, which is proposed to the appropriate box or boxes that best describes your claim and state the amount of the claim at the time case filled. See reverse side for important explanations, which is proposed to the property securing it, or if o) none or only part of your claim is excured by collateral (including a registro to stort). Brief description of collateral:	<u> </u>		· · · · · · · · · · · · · · · · · · ·	(not for loan balances)	
DATE DEST WAS INCURRED:	Money loaned Other (describe briefly)	Unpaid o	compensation for services pe		_
E. CLASSIFICATION OF CLAIM. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations. WINSECURED NONPRIORITY CLAIM \$\frac{750_000_00}{200_000_000}\$ Check this box if a there is no collateral or lien securing your claim, or b) your claim is exceeded the value of the property securing it, or if c) none or only part of your claim is exceeded the value of the property securing it, or if c) none or only part of your claim is secured by collateral. WINSECURED PRIORITY CLAIM Check this box if you have an unsecured claim, all or part of which is entitled to priority. Amount entitled to priority Specify the priority of the claim. Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) Wages, safets, or commissions (up to \$10,000)*, earned within 180 days business, whichever is sertier 11 U.S.C. § 507(a)(1). Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). Takes or penalties owed to governmental units - 11 U.S.C. § 507(a)(5). Check this box if claim includes interest or other charges in addition to the principal amount of the claim. AT TIME CASE FILED: (Insecured) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. 6. CREDITS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. The original of this commistance on available, explain. If the documents are not available, explain. If the documents are voluminous, attach a summary. B. DATE-STAMPED COPY: To receive an acknowledgment of the filling of your claim is possible. Secured (Immunity) in the purpose of making this proof of claim. The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on No	2. DATE DEBT WAS INCURRED: 4-14-05	3. IF C	OURT JUDGMENT, DATE O		
SECURED NONPRIORITY CLAIM \$ \	4. CLASSIFICATION OF CLAIM. Check the appropriate box or boxes the	at best describ	pe your claim and state the amour	nt of the claim at the time case filed.	
Check this box if: a) there is no collateral or lien securing your claim, or b) your claim is exceeds the value of the property securing it, or if o) none or only part of your claim is entitled to priority. UNSECURED PRIORITY CLAIM Check this box if you have an unsecured claim, all or part of which is entitled to priority. Amount entitled to priority. Amount entitled to priority. Specify the priority of the claim. Domestic support obligations under 11 U.S.C. § 507(s)(1)(A) or (s)(1)(B) Wages, salaries, or commissions (up to \$10,000)*, semed within 180 days before filing of the barkruptor pertition or conseasion of the debtor's business, whichever is earlier - 11 U.S.C. § 507(s)(4). Contributions to an employee benefit plan - 11 U.S.C. § 507(s)(5). Taxes or penalties owed to governmental units - 11 U.S.C. § 507(s)(7). AT TIME CASE FILED: (unsecured) (unsecured) (unsecured) (secured) (priority) (Total) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach therrized statement of all interest or additional charges. 6. CREDITS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. The Original of this completed proof of claim form must be sent by mall or hand delivered (FAXES NOT ACCEPTED) so that it is extually received on or before 5:00 pm, prevailling pacific time, on November 13, 2006 Attr. USACM Claims Docketing Center P.O. Box 911 El Segundo, CA 90245-0911 Sign and print the name and title, if any, of the order or or proved in attribute the life of the completed proof of claim form must be sent by mall or hand delivered (FAXES NOT USE ONLY of the credit or order person or entity (including individuals, partnerships, corporations, joint name the sent or open or attribute on the principal amount of the credit or order person or entity (including individuals, partnerships, corporations, joint name the sent or open autho	See reverse side for important explanations.		SECURED CLAIM		
UNSECURED PRIORITY CLAIM Check this box if you have an unsecured claim, all or part of which is entitled to priority. Amount entitled to priority. Specify the priority of the claim. Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) Wages, salaries, or commissions (up to \$10,000)*, earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(5). Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(5). Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(5). Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(5). Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(5). Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(5). Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(5). Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(5). Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(5). Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(5). Anounts are subject to adjustment on 41/107 and every 3 years thereafter with respect to asses commenced on or after the date of adjustment. Taxon or penalties owed to governmental units - 11 U.S.C. § 507(a)(5). Anounts are subject to adjustment on 41/107 and every 3 years thereafter with respect to asses commenced on or after the date of adjustment. The claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. CREDITS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. CREDITS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. CREDITS: The amount of all payments on this claim has been credited and deducted for the purpos	Check this box if: a) there is no collateral or lien securing your claim, or b) exceeds the value of the property securing it, or if c) none or only part of you) your claim our claim is	Check this box if you a right of setoff).		
Value of Collateral: \$	UNSECURED PRIORITY CLAIM				
Specify the priority of the claim: Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use -11 U.S.C. § 507(a)(7). Wages, salaries, or commissions (up to \$10,000)*, earned within 180 days before filing of the beatwing type petition or cessation of the debtor's business, whichever is earlier -11 U.S.C. § 507(a)(4). Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). Taxes or penalties owed to governmental units -11 U.S.C. § 507(a)(1 '	t. (
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Wages, salaries, or commissions (up to \$10,000)*, semed within 180 days before filling of the benkruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). □ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). □ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). □ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). □ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). □ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). □ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). □ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). □ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). □ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(6). □ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(6). □ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(6). □ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(6). □ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(6). □ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(6). □ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(6). □ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(6). □ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(6). □ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(6). □ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(6). □ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(6). □ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(6). □ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(6). □ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(6). □ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(6). □ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(6). □ Contributions to an employee benefit plan employee and distinct plan employee and distinct pl	Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)		Up to \$2,225* of deposits towar	rd purchase, lease, or rental of property or	
Dusiness, whichever is earlier -11 U.S.C. § 507(a)(4). Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). Total AMOUNT OF CLAIM AT TIME CASE FILED: (unsecured) Clear of Claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. CREDITS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. Do NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. B. DATE-STAMPED COPY: To receive an acknowledgment of the filling of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim. The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (Including individuals, partnerships, corporations, joint ventures, trusts and governmental units). BY HAND OR OVERNIGHT DELIVERY TO: BMC Group Attn: USACM Claims Docketing Center P. O. Box 911 El Segundo, CA 90245-0911 SIGN and print the name and title, it any, of the creditor or other person authorized to file this claim (attach copy of gower of attorney, if any): L. Wadle, TVNS+LeL Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (1) A. Amounts are subject to adjustment. 4 the date of adiustment. 4 the date of adiustment. 4 the date of adiustment. 5 Total. Amounts are subject to adjustment of the claim of attach and individuals and interest or additional charges. 5 Total and interest or additional	before filing of the bankruptcy petition or cessation of the debtor's	· _	services for personal, family, or	household use -11 U.S.C. § 507(a)(7).	
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AT TIME CASE FILED: (unsecured) (secured) (secured) (priority) (Total) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. 6. CREDITS; The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 7. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, court judgments, mortgages, security agreements, and evidence of perfection of lien. Do NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. 8. DATE-STAMPED COPY: To receive an acknowledgment of the filling of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim. The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units). BY HAND OR OVERNIGHT DELIVERY TO: BMC Group Attn: USACM Claims Docketing Center P. O. Box 911 El Segundo, CA 90245-0911 SIGN and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): SIGN and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):	Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).	_	* Amounts are subject to adjust	tment on 4/1/07 and every 3 years thereafter	
(unsecured) (secured) (priority) (Total) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. 6. CREDITS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 7. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. 8. DATE-STAMPED COPY: To receive an acknowledgment of the filling of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim. The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units). BY HAND OR OVERNIGHT DELIVERY TO: BMC Group Attn: USACM Claims Docketing Center P. O. Box 911 El Segundo, CA 90245-0911 SIGN and print the name and title, if any, of the creditor or other person authorized to fille this claim (attach copy of power of attorney, if any): L. Wadle, TVNS+Lee	¥ / J / J / J / J / J / J / J / J / J /	750	,000 \$	\$ 750,000	
6. CREDITS; The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 7. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. 8. DATE-STAMPED COPY: To receive an acknowledgment of the filling of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim. The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units). BY HAND OR OVERNIGHT DELIVERY TO: BMC Group Attn: USACM Claims Docketing Center P. O. Box 911 El Segundo, CA 90245-0911 BY HAND OR OVERNIGHT DELIVERY TO: BMC Group Attn: USACM Claims Docketing Center P. O. Box 911 El Segundo, CA 90245-0911 BY B	(unsecured)	•	•	11 27	
7. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. 8. DATE-STAMPED COPY: To receive an acknowledgment of the filling of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim. The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (Including individuals, partnerships, corporations, joint ventures, trusts and governmental units). BY HAND OR OVERNIGHT DELIVERY TO: BMC Group Attn: USACM Claims Docketing Center P. O. Box 911 El Segundo, CA 90245-0911 SIGN and print the name and title, if any, of the creditor or other person authorized to fille this claim (attach copy of power of attorney, if any): SIGN and print the name and title, if any, of the creditor or other person authorized to fille L. Wade, TVNS+ce	Check this box if claim includes interest or other charges in addition to	the principal	amount of the claim. Attach iter	mized statement of all interest or additional charges	S .
8. DATE-STAMPED COPY: To receive an acknowledgment of the filling of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim. The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units). BY HAND OR OVERNIGHT DELIVERY TO: BMC Group Attn: USACM Claims Docketing Center P. O. Box 911 El Segundo, CA 90245-0911 SIGN and print the name and title, if any, of the creditor or other person authorized to fille this claim (attach copy of power of attorney, if any): L. Wade, Trust-ee	 SUPPORTING DOCUMENTS: <u>Attach copies of supporting doc</u> running accounts, contracts, court judgments, mortgages, security 	<i>cuments,</i> su y agreement	ch as promissory notes, pure s, and evidence of perfection	chase orders, invoices, itemized statements of of lien. DO NOT SEND ORIGINAL	
ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units). BY HAND OR OVERNIGHT DELIVERY TO: BMC Group Attn: USACM Claims Docketing Center P. O. Box 911 El Segundo, CA 90245-0911 DATE SIGN and print the name and title, if any, of the creditor or other person authorized to fille this claim (attach copy of power of attorney, if any): L. Wade, TVNS+ee	8. DATE-STAMPED COPY: To receive an acknowledgment of the		· · · · · · · · · · · · · · · · · · ·	•	
BMC Group Attn: USACM Claims Docketing Center P. O. Box 911 El Segundo, CA 90245-0911 DATE SIGN and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): L. Wade, Trustee	ACCEPTED) so that it is actually received on or before 5:00 pr for each person or entity (including individuals, partnerships, governmental units).	m, prevailin , corporatio	g Pacific time, on Novemb ns, joint ventures, trusts ar	er 13, 2006 USE ONLY	T
P. O. Box 911 El Segundo, CA 90245-0911 SIGN and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): L. Wade, Trustee	BMC Group	BMC Grou	ıp		
DATE 11/7/06 SIGN and print the name and title, if any, of the creditor or other person authorized to fille this claim (attach copy of power of attorney, if any): SWALE John L. Wade, Trustee	P. O. Box 911	1330 East	Franklin Avenue		
11/7/06 Howarde John L. Wade, Trustee		El Segund	lo, CA 90245		
Panally for presenting fresultulant claim is a fine of un to \$500,000 or imprisonment for un to 5 years, or both, 18 U.S.C. \$\$ 152 AND 3571			other person authorized to file	-00	
	Panally for presenting fresidulant claim is a fine of un to \$500,000 or imprisonmen	nt for up to 5 v	Vears, or both. 18 U.S.C. 66 152	AND 3571	

FURM BIO (Official Form 10) (10/05)		
UNITED STATES BANKRUPTCY COURT	District of Nevada	PROOF OF CLAIM
Name of Debtor USA COMMERCIAL MIRTGHGE C	Case Number 06 10725-LBR	THOO! OF GLAMA
NOTE This form should not be used to make a claim for an admini of the case. A request for payment of an administrative expense in		
Name of Creditor (The person or other entity to whom the debtor owes money or property) PHYLLIS JOHNSON A SINGLE WOMING	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars Check box if you have never received any	,
Name and address where notices should be sent CO RON JOHNSON BOX 27 RENO, NV 89504	notices from the bankruptcy court in this case Check box if the address differs from the	
Telephone number RON JOHNSON 725 359 9415	address on the envelope sent to you by the court.	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor	Check here replaces	led claim dated
Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death	Retiree benefits as defined in Wages salaries and compens Last four digits of your SS # Unpaid compensation for ser	sation (fill out below)
Taxes SFE FX A	(date)	(date)
2 Date debt was incurred 2005	3 If court judgment, date obtaine	đ
See reverse side for important explanations Unsecured Nonpriority Claim \$ /0/, 400 Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it or if c) only part of your claim is entitled to priority Unsecured Priority Claim	none or Brief Description of Collate	ral Vehicle Other
Check this box if you have an unsecured claim all or part of ventitled to priority	which is Value of Collateral \$ 6 Amount of arrearage and other cha	LN KNEWN arges at time case filed included in
Amount entitled to priority \$	secured claim it any \$	
Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) (a)(1)(B)	3 0 0 1 (=)(1)	ousehold use - 11 USC
Wages salaries, or commissions (up to \$10 000),* earned within days before filing of the bankruptcy petition or cessation of the debit business whichever is earlier - 11 U S C & 507(a)(4)	Taxes or penalties owed to government 180 Other - Specify applicable paragraph *Amounts are subject to adjustment on 4.	h of 11 USC § 507(a)()
Contributions to an employee benefit plan - 11 USC & 507(ε	45	or after the date of adjustment
5 Total Amount of Claim at Time Case Filed Check this box if claim includes interest or other charges in ad- interest or additional charges	\$\(\int_{\text{U}}\), \(\text{HO}\) \(\text{U}\), \(\text{HO}\) \(\text{(secured)}\) dition to the principal amount of the claim Atta	(prionty) (Total) ich itemized statement of all
6 Credits The amount of all payments on this claim has been	n credited and deducted for the purpose of	THIS SPACE IS FOR COURT USE ONLY
making this proof of claim 7 Supporting Documents Attach copies of supporting documents orders invoices itemized statements of running accounts contragreements and evidence of perfection of lien DO NOT SEN documents are not available explain. If the documents are voluments are voluments are voluments.	racts, court judgments, mortgages security ND ORIGINAL DOCUMENTS If the Iminous, attach a summary	
8 Date-Stamped Copy To receive an acknowledgment of the fi addressed envelope and copy of this proof of claim		
Date Sign and print the name and title if any, of file this glain fattach copy of power of atto	the creditor or other person authorized to orney if any)	11 2007
1/8/07 Bells Minom		USA CMC

FORM B10 (Official Form 10) (10/05)

UNITED STAILS BANKRUPTCY COURT	Dıst	RICT (Nevada	PROOF OF CLAIM
Name of Dubtor	Case N	lumber		THOO! OF CLAIM
USA COMMERCIAL MORTGAGE	0	6 10	0725-1BR	
NOTE This form should not be used to make a claim for an admini	strative expe	nse ans	ing after the commencement	
of the case. A request for payment of an administrative expense in	ay be filed p	นเรยสกเ	to II USC § 503	
Name of Creditor (The person or other entity to whom the	Chec	k box ıf	you are aware that anyone	
debtor owes money or property)	clse	nas filed	a proof of claim relating to	l l
PHYLLIS JOHNSON A SINGLE	1 -	claim / g partici	Attach copy of statement	l l
WORKY	I — —		you have never received an	v
Name and address where notices should be sent	notic		the bankruptcy court in this	
C/O RON JOHNSON	Chec	k hav if	the address differs from the	į.
BOX 27 RENO, NV 89504	addro	-	e envelope sent to you by	THIS SPACE IS FOR COURT USE ONLY
Telephone number RON JOHNSON 225 359 9415			1 .	THIS SIME IS FOR CHORT ON CHIT
Last four digits of account or other number by which creditor identifies debtor		k here s claim	replaces	iled claim dated
1 Basis for Claum		_	etiree benefits as defined in	• ''
Goods sold Services performed			/ages salaries, and comper ast four digits of your SS #	
Money loaned			npaid compensation for se	
Personal injury/wrongful death		fr	om	_to
Taxes SEE EX A			(date)	(date)
2 De de la companya del companya de la companya de la companya del companya de la companya del la companya del la companya de	3.	If con	et la demant data abtain	
2. Date debt was incurred 2005	3.	II COQ	rt judgment, date obtain	e0
4 Classification of Claim Check the appropriate box or boxes the	hat hest desc	nhe Voi	ir claim and state the amou	nt of the claum at the time case file
See reverse side for important explanations	inat ocst ocst		red Claim	in or the claim at the time case the
Unsecured Nonpriority Claim 5 /01, 400				
Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it or if c)	ur claum, or	a righ	Check this box if your claim t of setoff)	n is secured by collateral (including
only part of your claim is entitled to priority	none or		Brief Description of Collate	ara)
Unsecured Priority Claim				r Vehicle Other.
l —			Value of Collateral \$	L
Check this box if you have an unsecured claim all or part of entitled to priority	which is			arges at time case filed included in
Amount entitled to priority \$			ed claim if any \$	
–	(2005	
Specify the priority of the claim		OF SCEVIC	ces for personal family or	ourchase lease, or rental of property household use - 11 U.S.C.
Domestic support obligations under 11 USC \$ 507(a)(1)(A) (a)(1)(B)		§ 507(a		
Wages salaries, or commissions (up to \$10,000),* earned with	<u> </u>	Taxes or	r penalties owed to governin	nental units - 11 USC § 507(a)(8)
days before filing of the bankruptcy petition or cessation of the deb business whichever is earlier - 1! U.S.C. § 507(a)(4)	tor's 📙			oh of 11 USC § 507(a)()
\ _		ounts ai	re subject to adjustment on	4/1/07 and every 3 years thereafter
Contributions to an employee benefit plan - 11 U S C § 507(a)(5)	wun res	peti io cases commenced oi	n or after the date of adjustment
5 Total Amount of Claim at Time Case Filed	S.		100 101.400	101,400
Check this box if claim includes interest or other charges in ad	dition to the	unsecui nonem	(00000)	(priority) (Total) such itemized statement of all
interest or additional charges.		- Princip	and the second of the second o	outerpart of all
6 Credits The amount of all payments on this claim has been	n credited a	nd dedu	cted for the purpose of	THIS SPACE IS FOR COURT USE ONLY
making this proof of claim				
7 Supporting Documents Attach copies of supporting documents of supporting documents of supports accounts control of supports accounts accounts accounts accounts.	nents, such a	s promi	ssory notes, purchase	TO LAN 1 2 2007
orders invoices itemized statements of running accounts conti agreements and evidence of perfection of lien DO NOT SE	racis, court j VD ORIGIN	uugmen IAI.IY	CUMENTS If the	EN JAIN I & COO.
documents are not available, explain If the documents are volu				
8. Date-Stamped Copy To receive an acknowledgment of the f	-		•	
addressed envelope and copy of this proof of claim				
Date Sign and print the name and title if any, of file this class (attach copy of power of attach.)	the creditor	or othe	r person authorized to	
1/8/07 Multiplication copy of power of account (account copy of power of account (account copy of power of account copy of ac	nncy if any	,		USA CMC
110101 Mulhar WVV	v -			## # #

FORM B10 (Official Form 10) (10/05)

	Harron Toy (10/05)				
UNITED STATES	BANKRUPICY COURT	Dis	TRICT OF <u>Nevada</u>		PROOF OF CLAIM
Name of Debtor		Case	Number	a 250	THOO! OF OLDAN
USA C	OMMERCIAL MORTGAGE C	0	06-10725-18	43	
	should not be used to make a claim for an admini	strative exp	ense arising after the commenc		
of the case. A req	quest for payment of an administrative expense ma	ay be filed	pursuant to 11 USC § 503		
Name of Creditor (The person or other entity to whom the	Che	ck box if you are aware that an	yone	
debtor owes money	or property)	else	has filed a proof of claim relat	ing to	
Paris	A & MARY IN JOYNSON		r claim Attach copy of stateming particulars	ent	
		m ~	ck box if you have never receiv	ed any	
I .	where notices should be sent	1	ces from the bankruptcy court	in this	<u> </u>
50 SNID	ed why	Che	: ck box if the address differs fro	m the	•
SPARKS,	NV 89431 6308	addı	ress on the envelope sent to you		THIS SPACE IS FOR COURT USE ONLY
	275 323 5593 account or other number by which creditor		court ck here replaces		THE STATE OF THE S
identifies debtor	account of other number by which creditor			usly filed	claim dated
1 B 6 CI		4			
1 Basis for Cl			Retiree benefits as defi Wages salaries and co		
Goods :	soid is performed		Last four digits of you	r SS #	,
Money	loaned		Unpaid compensation	for service	ces performed
1 — —	al ınjury/wrongful death		from(date)	to	(date)
Taxes Other -	SEE EXHIBIT A		(date)		(date)
2 Date debt w		3	If court judgment, date of	btained	
	5/10/05		,,,,		
4 Classification	of Claim Check the appropriate box or boxes the	hat best des	cribe your claim and state the	amount o	of the claim at the time case filed
	for important explanations		Secured Claim		
-	priority Claim \$ 152,100		Check this box if your	r claim is	secured by collateral (including
Check this b	ox if a) there is no collateral or lien securing you deds the value of the property securing it or if c)	ir claim, or	a right of setoff)	0.0	bootion by contional (metading
only part of your o	claim is entitled to priority		Brief Description of (Collateral	
Unsecured Priori	ty Claim		Real Estate	Motor V	ehicle Other
Check this bo	ox if you have an unsecured claim all or part of	which is	Value of Collateral	s_UA	KNOWN
entitled to priority	•				es at time case filed included in
Amount entitled to	priority \$		secured claim if any \$_s	2100)
Specify the priority of	f the claim	П	Up to \$2 225* of deposits tov	vard purc	hase lease or rental of property
	oort obligations under 11 USC \ 507(a)(1)(A) o	<u></u>	or services for personal famil	ly or hou:	sehold use - 11 USC
(a)(1)(B)	on congations under 11 0 0 C 4 307(a)(1)(A)	["] п	§ 507(a)(7)		-1 11 H O O 0 507/ 3/03
Wages salaries	s or commissions (up to \$10 000),* earned within	in 180 ∐			al units - 11 U S C § 507(a)(8)
days before filing of business whichever	of the bankruptcy petition or cessation of the debi r is earlier - 11 U S C \ 507(a)(4)		Other - Specify applicable pa		- (, , , , , , , , , , , , , , , , , ,
	s to an employee benefit plan - 11 U S C \ 507(a		nounts are subject to adjustmen with respect to cases commen		07 and every 3 years thereafter after the date of adjustment
				A	
_	nt of Claim at Time Case Filed	_	(unsecured) (secured)	(pi	nonty) (Total)
Check this box interest or addi	of claim includes interest or other charges in ad- itional charges	dition to th	e principal amount of the clair		
	e amount of all payments on this claim has been	1 credited a	and deducted for the purpose of	f T	HIS SPACE IS FOR COURT USE ONLY
making this pro					
	ocuments Attach copies of supporting documents of supporting accounts control		• •		
	itemized statements of running accounts contribution of perfection of lien DO NOT SEN			У	2007
	not available explain If the documents are volu			FI	LED JAN 11 2007
	Copy To receive an acknowledgment of the fi	iling of you	ir claim, enclose a stamped se	lf-	•
	ope and copy of this proof of claim				USA CMC
Date	Sign and print the name and title if any, of file this claim (attach copy of power of atto	the creditor	r or other person authorized to	'	1072502126
1/8/07	4		\sim 1	0	10/2502120
10/0/	Moreynijohuse	2 /	lonald & fo	4	~

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FORM B10 (Official Form 10) (04/04)

CHAPTER 13

United States Bankruptcy Cour District of nevada		PROOF OF CLAIM
Name of Debtor USA Capital Realty Advisors, LLC	Case Number 06-10726-LBR	REC'D JUL 28 2006
NOTE This form should not be used to make a claim for an administrative of the case A "request" for payment of an administrative expense may be		
Name of Creditor (The person or other entity to whom the debtor owes money or property) Margarita Jung	☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving	
Name and address where notices should be sent Margarita Jung 1405 Vegas Valley #317 Las Vegas, NV 89109 Telephone number	particulars Check box if you have never received any notices from the bankruptcy court in this case Check box if the address differs from the address on the envelope sent to you by the court	This Space is for Court Use Only
Account or other number by which creditor identifies debtor- n/a	Check here replaces If this claim a previously a mends	filed claim, dated
I Basis for Claim ☐ Goods sold ☐ Services performed ☐ Money loaned ☐ Personal injury/wrongful death ☐ Taxes ☑ Other Trust Deed investment	Returee benefits as defined in 11 U Wages, salaries, and compensation Last four digits of SS # Unpaid compensation for services fromto	(fill out below)
2. Date debt was incurred.	3 If court judgment, date obtained	
4 Total Amount of Claim at Time Case Filed \$	plete Item 5 or 7 below	()
5 Secured Claim Check this box if your claim is secured by collateral (including a right of setoff)	7. Unsecured Priority Claim Check this box if you have an unse Amount entitled to priority \$	cured priority claim
Brief Description of Collateral Real Estate Other Trust Deed investment Value of Collateral \$	Specify the priority of the claim Wages, salaries, or commissions days before filing of the bankin debtor's business, whichever is Contributions to an employee b	uptcy petition or cessation of the carlier - 11 U S C § 507(a)(3) cenefit plan - 11 U S C § 507(a)(4)
Amount of arrearage and other charges at time case filed included in secured claim, if any \$91 534 04	§ 507(a)(6)	ort owed to a spouse, former spouse,
6. Unsecured Nonpriority Claim \$ Check this box if a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority	☐ Taxes or penalties owed to gov	ernmental units-11 U S C § 507(a)(8) graph of 11 U S C § 507(a)() //1/07 and every 3 years thereafter with
8 Credits The amount of all payments on this claim has been credited a this proof of claim	and deducted for the purpose of making	THIS SPACE IS FOR COURT USE ONLY
9 Supporting Documents Attach copies of supporting documents orders, invoices, itemized statements of running accounts, contracts, court agreements, and evidence of perfection of lien DO NOT SEND ORIGINA not available, explain If the documents are voluminous, attach a summary 10 Date-Stamped Copy To receive an acknowledgment of the filing addressed envelope and copy of this proof of claim	Judgments, mortgages, security AL DOCUMENTS If the documents are of your claim, enclose a stamped, self-	
Sign and print the name and title, if any, of the cree this claim (attach copy of power of attorney, if any Penalty for presenting fraudulent claim. Fine of to \$500,000 or imprise) 	USA CAPITAL
		1072600027

FORM B10 (Official Form 10) (10/05)		
UNITED STATES BANKRUPTCY COURT, DISTRICT OF	NEVADA	PROOF OF CLAIM
Name of Debtor	Case Number	
USA COMMERCIAL MORTGAGE COMPANY	06-10725	
NOTE This form should not be used to make a claim for an administrativ	e expense arising after the commencement of the	
case A request" for payment of an administrative expense may be filed a	pursuant to 11 USC Section 503	
Name of Creditor (The person or other entity to whom the	☐ Check box if you are aware that anyone	
debtor owes money or property)	else has filed a proof of claim relating	
CHRISTINA M KEHL	to your claim Attach copy of statement	
	giving particulars Check box if you have never received	1
Name & address where notices should be sent JANET L CHUBB, ESQ	any notices from the bankruptcy court	
JONES VARGAS	in this case	1
P O BOX 281	☐ Check box if the address differs from	
RENO, NV 89504-0281	the address on the envelope sent to you	THIS SPACE FOR COURT USE ONLY
Telephone number 775-786-5000	by the court	
Last four digits of account or other number by which creditor	Check here □ replaces If this claim □ amends a previously filed of	Norm dated
identifies debtor 500953 5	in this claim is amends a previously med t	Jann, daled
1 BASIS FOR CLAIM	☐ Retiree benefits as defined in 11 U	JSC § 1114(a)
Goods sold	☐ Wages, salaries, and compensation	* *
Services performed	Last four digits of your SS #	
□ Money loaned	Unpaid compensation for services	performed from
☐ Personal injury/wrongful death		
□ Taxes	from to (date)	(3-1-5)
O'her DEBTOR'S BREACHES (see adversary complaint)		(date)
2 Date debt was incurred	3 If court judgment, date obtained	
2003-2005 4 Classification of Claim Check the appropriate box or boxes	<u> </u>	
filed See reverse side for important explanations Unsecured Nonpriority Claim \$ 1.023.023 12 + accrued inter-	est less any Secured Claim	
postpetition payment received	☐ Check this box if your cla	- , ,
☐ Chec (this box if a) there is no collateral or lien securing yo	(including a right of se	
b) your claim exceeds the value of the property securing it, or if of	none or Direct description of cond	The state of the s
only par of your claim is entitled to priority	Value of Collateral \$	r Vehicle D Other
and the second s	Amount of arrearage and othe	
Unsecured Priority Claim. ☐ Check this box if you have an unsecured claim, all or part of	1	
entitled to priority		
Amount entitled to priority \$		
	D	1 1
Specify the priority of the claim.	Up to \$2,225* of deposits toward property or services for personal, it	ourcnase, lease or rental of amily or household use - 11
☐ Domestic support obligations un 11 USC § 507(a)(1)(A) or (a)(1)(B	USC § 507(a)(7) Taxes or penalties owed to governm	
D Wages, salaries, or commissions (up to \$10,000),* earned with	hin 507(a)(8)	
180 days before filing of the bankruptcy petition, or cessation of debtor's business whichever is earlier- 11 U S C § 507(a)(4)	the OTHER - Specify applicable parag	raph of 11 USC § 507(a) ()
D Contributions to an employee benefit plan - 11 U S C § 507(a)(4) *Amounts are subject to adjustment on 4/1 with respect to cases commenced on	
5 Total Amount of Claim at Time Case Filed \$ 1.023	3,023 12+/- \$ \$	\$
(ui	nsecured) (secured) (pri	ority) (Total)
Check this box if claim includes interest or other charges in a interest or additional charges	ddition to the principal amount of the claim	Artach itemized statement of all
6 Credits The amount of all payments on this claim has been c	redited and deducted for the purpose of making	THIS SPACE IS FOR COURT USE ONLY
this proof of claim SEE ABOVE		FILED DEC 092
7 Supporting documents Attach copies of supporting document invoices, itemized statements of running accounts, contracts, course,	nts such as promissory notes purchase orders,	
and evidence of perfection of hen DO NOTSEND ORIGINAL I	DOCUMENTS If the documents are not	USA CMC
available, explain If the documents are voluminous, attach a sun	nmary	
8 Date-Stamped copy To receive an acknowledgment of the fil		1072501661
addressed envelope and a copy of this proof of claim	- 1. to a at a company of the compan	
Date Sign and print the name and title, if any, of the	creation or other person authorized to file this	

12/9/06